

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08113

8138

CERTIFICATE OF DEATH

Reg. Dist. No. 51

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 will be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Maryland</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Barstow</i>		c. LENGTH OF STAY IN 1b <i>2 days</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Calvert County Hospital</i>		d. STREET ADDRESS <i>Prince Frederick</i>	
e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <i>MIRIAM KATHLEEN BOWEN</i>	First <i>M</i>	Middle <i>KATHLEEN</i>	Last <i>BOWEN</i>
4. DATE OF DEATH <i>SEPT. 5, 1894</i>	Month <i>AUG</i>	Day <i>31</i>	Year <i>19.56</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>62 yrs.</i>
9. AGE (In years from birth) <i>62 yrs.</i>	10. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>MR. RUBIN BOWEN</i>	14. MOTHER'S MAIDEN NAME <i>MRS. KATE J. BOWEN</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>No</i>	17. INFORMANT <i>J. Shelton Bowen - Barstow, Md.</i>	Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>CEREBRAL</i> DUE TO <i>331X</i> (b) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (c)			
VASCULAR ACCIDENT DUE TO INTERVAL BETWEEN ONSET AND DEATH <i>24 HRS.</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>HAD HERPES ZOSTER OF 6 DAYS DURATION</i>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <i>8-27</i> , 19.56, to <i>8-31</i> , 19.56, that I last saw the deceased alive on <i>8-31</i> , 19.56, and that death occurred at <i>11:20 PM</i> , from the causes and on the date stated above.			
ACTUAL SIGNATURE <i>Earl Rupert Paul</i>		ADDRESS (Street, city or town, state) <i>Prince Frederick, Md.</i> DATE SIGNED <i>1956</i>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>Sept. 2, 1956</i>	
22c. NAME OF CEMETERY OR CREMATORIAL <i>Central Cemetery</i>		22d. LOCATION (City, town, or county) <i>Barstow - Calvert Co. Md.</i> (State)	
23. FUNERAL DIRECTOR'S SIGNATURE <i>G. A. Harkness & Son -</i>		ADDRESS <i>Maryland, Md.</i>	
24a. REC'D BY REGISTRAR DATE <i>9-1-56</i>		24b. REGISTRAR'S SIGNATURE <i>H. W. Ward</i>	

STATE GOVERNMENT OF HAWAII - BUREAU OF INVESTIGATION
CERTIFICATE OF DEATH

BUREAU V. S.

SEP 5 1956

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8139

CERTIFICATE OF DEATH

08114

Reg. Dist. No.

51

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Maryland</i>		b. COUNTY <i>Calvert</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Prince Frederick</i>		c. LENGTH OF STAY IN lb <i>60 yrs</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Prince Frederick</i>		d. STREET ADDRESS	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION						e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First <i>MARY</i>	Middle <i>E.</i>	Last <i>BUCKLER</i>	4. DATE OF DEATH <i>August 21, 1956</i>	Month <i>Aug.</i>	Day <i>21</i>	Year <i>1956</i>
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5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH <i>Jan. 21, 1885</i>	9. AGE (In years lost birthday) <i>71 yrs.</i>	IF UNDER 1 YEAR Months <i>0</i>	IF UNDER 24 HRS. Days <i>0</i>	Hours <i>0</i>	Min. <i>0</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
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13. FATHER'S NAME <i>John Robinson</i>	14. MOTHER'S MAIDEN NAME <i>? Cobby</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>23-20-2000</i>	17. INFORMANT <i>Living H. Buckler - P. Frederick, Md</i>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of g. d. tract</i>		INTERVAL BETWEEN ONSET AND DEATH
	DUE TO <i>159x</i>		
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	(b) <i></i>		
	DUE TO <i></i>		
	(c) <i></i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
<i>Arteriosclerotic Heart Disease</i>			

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in Part I or Part II of item 18.) <i></i>	
20c. TIME OF INJURY Hour o. m. p. m. 19	Month o. m. p. m.	Day Year 1956
20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i></i>	
20f. (City or town) <i></i>	(County) <i></i>	(State) <i></i>

21. I certify that I attended the deceased from <i>Aug. 20</i> , 1956, to <i>Aug. 21</i> , 1956, that I last saw the deceased alive on <i>Aug. 20</i> , 1956, and that death occurred at <i>1234</i> , from the causes and on the date stated above.
ADDRESS (Street, city or town, state)

ACTUAL SIGNATURE <i>PAGE C JETT</i>	M.D.	DATE SIGNED <i>8/21/56</i>
PHYSICIAN'S NAME (Type) <i>PAGE C JETT</i>		

22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial Aug. 23, 1956</i>	22b. DATE THEREOF <i>Aug. 23, 1956</i>	22c. NAME OF CEMETERY OR CREMATORIAL <i>Asbury Cemetery</i>	22d. LOCATION (City, town, or county) <i>Berwyn - Calvert Co., Md</i>
23. FUNERAL DIRECTOR'S SIGNATURE <i>O. A. Haskins & Son - Mutual, Md</i>	ADDRESS <i></i>	24a. REC'D BY REGISTRAR DATE <i>8-22-56</i>	24b. REGISTRAR'S SIGNATURE <i>H. W. Ward</i>

AMERICAN STATE GOVERNMENT OF
THE CHIEF OF STATE

25

BUREAU V. S.

AUG 28 1956

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10W

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8140

CERTIFICATE OF DEATH

08115

Reg. Dist. No. 51

Item 1 Film G202 8-30-56 et

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED				
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (In this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY Calvert- Adelina Md (If rural give location)			
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS					
3. NAME OF DECEASED (Type or Print)	(First) John W.	(Middle)	(Last) Curtis			
4. DATE OF DEATH	22	(Dey)	(Year) 1956			
5. SEX	6. COLOR OF RACE	7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Business owner</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Samuel Curtis	14. MOTHER'S M AIDEN NAME Annie Young					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.			17. INFORMANT & ADDRESS Eugene Curtis		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 260X IMMEDIATE CAUSE (A) <i>Cardiac thrombosis</i> ANTECEDENT CAUSE(S) DUE TO <i>Arteriosclerosis</i> DISEASES OR CONDITIONS, IF ANY, (B) <i>High blood pressure</i> GIVING RISE TO THE ABOVE CAUSE DUE TO <i>Widld Diabetes</i> STATING UNDERLYING CAUSE LAST. (C)				18. MEDICAL CERTIFICATION <i>Cardiac thrombosis</i> INTERVAL BETWEEN ONSET AND DEATH <i>days</i> <i>10 days</i>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)			21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED M. at work <input type="checkbox"/> Not white at work <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 8/26/56, 1956, to 8/22, 1956, that I last saw the deceased alive on 8/21, 1956, and that death occurred at 10:30 A.M. from the causes and on the date stated above. SIGNATURE <i>John W. Ward</i> ADDRESS (Street, city, town, state) DATE SIGNED <i>8/22/56</i>						
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF 8-26-56	NAME OF CEMETERY OR CREMATORI Carroll	LOCATION (City, town, or county) Baltimore, Md (State)			
24. REC'D BY REGISTRAR DATE 8-24-56	REGISTRAR'S SIGNATURE H. W. Ward	25. FUNERAL DIRECTOR'S SIGNATURE P. Z. Sewell, Prince Fred, Md	ADDRESS			

STATEMENT OF DEBT

Amount Due (Amount Due)
دبلانز - First

Amount Due

88 55 9 11.00 11.00 11.00
88 81.81-46-# 11 C 111
.424 11.00 11.00 11.00
25.00 11.00 11.00 11.00
11.00 11.00 11.00 11.00
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RECEIVED V. S

Aug 27 1955

RECEIVED

8-58-26 Camera
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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filed in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 155 10W

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Item 1 Film 0201 8-9-56 et

118116

CERTIFICATE OF DEATH

8141

Reg. Dist. No. 51

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN		MARYLAND LENGTH OF STAY (in this place)		STATE MD COUNTY Calvert CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS	
Island Creek				Island Creek (If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS					
3. NAME OF DECEASED (Type or Print) <i>Florence S. Hall</i>			4. DATE (Month) (Day) (Year) OF DEATH 8 5 1956		
S. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 3-3-1877	9. AGE last birthday 79 yrs.	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William H. Parker			14. MOTHER'S MAIDEN NAME Laura Murray		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Essie Parker, Island Creek, Md.	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 593X IMMEDIATE CAUSE (A) Congestive - Ulcer - Hepatitis ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) Padgett disease - (?) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)					
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 5, 1956, to July 31, 1956, that I last saw the deceased alive on July 18, 1956, and that death occurred at 7:30 A.M. from the causes and on the date stated above. SIGNATURE <i>R. Williams</i> ADDRESS (Street, city, town, state) St. Thomas DATE SIGNED 8/6/56					
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF 8-7-56	NAME OF CEMETERY OR CREMATORIAL Brooks Chapel		LOCATION (City, town, or county) Island Creek, Md. (State)
24. REC'D BY REGISTRAR DATE 8/6/56		REGISTRAR'S SIGNATURE <i>H. A. Ward</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P. S. Howell, P. Fried, Md.		

RECEIVED IN THE STATE OF NEW YORK

CERTIFICATE OF DEATH

BUREAU V. A.

AUG 7 1956

RECEIVED

INSTRUCTIONS

24 hours after death.

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 51

08118

8142

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED				
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town)		MARYLAND LENGTH OF STAY (In this place)		STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		COUNTY Solomons (If rural give location)		
TOWN Prince Frederick 12 hrs.								
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Calvert County Hospital</i>				STREET ADDRESS				
3. NAME OF DECEASED (First) <i>Maudie A. Langley</i> (Middle) (Last)				4. DATE OF DEATH <i>August 21 1956</i>				
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>March 29 1880</i>	9. AGE at birthday <i>76</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i>		IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (State or foreign country) <i>England</i>			
13. FATHER'S NAME <i>E. Thompson</i>				14. MOTHER'S MAIDEN NAME <i>Maudie Thompson</i> ?				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>	16. SOCIAL SECURITY NO. <i>700</i>		17. INFORMANT & ADDRESS <i>Mrs Amy Tankford - Solomons, Md</i>					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH								
<p>331X IMMEDIATE CAUSE (A) <i>Cerebral accident</i></p> <p>ANTECEDENT CAUSE(S) DUE TO (B) <i>arteriosclerosis.</i></p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)</p>								
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>8/21 1956</i> to <i>8/21 1956</i>, that I last saw the deceased <i>alive on 8/21 1956</i>, and that death occurred at <i>Huntingtown, Md</i>, from the causes and on the date stated above.								
<p>SIGNATURE <i>G. Weenus</i> ADDRESS (Street, city, town, state) <i>Huntingtown</i> DATE SIGNED <i>8/21/56</i></p>								
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>Aug 24, 1956</i>		NAME OF CEMETERY OR CREMATORIAL <i>Our Lady Star of Sea</i>		LOCATION (City, town, or county) <i>Solomons, Md</i> (State) <i>MD</i>		
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <i>H. W. Ward</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>G. A. Tankford & Son - Mutual, Md</i>				
DATE <i>8-22 -56</i>								

RECEIVED STATE ATTORNEY'S OFFICE - BOSTON, MASS.

COMMONWEALTH OF MASSACHUSETTS

BUREAU V. 2

AUG 23 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08119
54

Reg. Dist. No.

CERTIFICATE OF DEATH

8143

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Maryland</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Princes Frederick</i>		c. LENGTH OF STAY IN 1b <i>9 months</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Calvert County Hospital Annex</i>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First <i>Benjamin</i>	Middle <i>Lykes</i>	Last 4. DATE OF DEATH <i>August 10 1956</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April 11 1880</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Holistic Health & BEAUTY PARLOR</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Holistic Health & BEAUTY PARLOR</i>	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>James J. Hance</i>		14. MOTHER'S MAIDEN NAME <i>Mary Jane Dexter</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>NONE</i>	
17. INFORMANT <i>Rebecca Power</i>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Cerebral thrombosis</i> <i>Generalized arteriosclerosis</i>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>White Not white at work at work</i>		20c. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20d. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>Aug 10 1956</i> to <i>Aug 10 1956</i> that I last saw the deceased alive on <i>Aug 10 1956</i> and that death occurred at <i>7 a.m.</i> M. from the causes and on the date stated above. Karen Hance M.D.		22. ADDRESS (Street, city or town, state) <i>57 Remond, MD</i>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>8-13-56</i>	
22c. NAME OF CEMETERY OR CREMATORIUM <i>MT. OLIVET CEMETERY</i>		22d. LOCATION (City, town, or county) <i>Baltimore</i> (State) <i>MD.</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>Tom Cook, Inc. 1717 St. Paul St.</i>		24a. DATE <i>AUG 13 1956</i>	
ADDRESS <i>1717 St. Paul St.</i>		24b. REGISTRAR'S SIGNATURE <i>J. H. Wead</i>	

1 HOSPITAL ■ ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. **I** Reg. 4
may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

657

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08120

8144

CERTIFICATE OF DEATH

Reg. Dist. No.

51

1. PLACE OF DEATH a. COUNTY		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)	
Calvert				a. STATE	b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN lb		Maryland	
Prince Frederick		30 min		Calvert	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		e. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Calvert County Hospital					
3. NAME OF DECEASED (Type or print)		First	Middle	Last	4. DATE OF DEATH
Male		Frederick			Month
6. COLOR OR RACE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (in years last birthday) yrs.
Black				Aug 19	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
				Maryland	
12. CITIZEN OF WHAT COUNTRY?				USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Hilton Jackall		Jean Gross			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
(If yes, give war or dates of service)				Jean Gross - Calvert Dad.	
Address					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)					
1168 PREMATURE (5th month)					
DUE TO					
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b)					
DUE TO					
(c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a. m. p. m.		Month 19	Day	Year	INTERVAL BETWEEN ONSET AND DEATH
20d. INJURY OCCURRED While at work <input type="checkbox"/>		Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)
21. I certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, and that death occurred at _____ M, from the causes and on the date stated above.					
ACTUAL SIGNATURE					
PHYSICIAN'S NAME (Type)					
22a. BURIAL, CREMATION, REMOVAL (Specify)		22b. DATE THEREOF	22c. NAME OF CEMETERY OR CREMATORIAL Eastern Chapel		22d. LOCATION (City, town, or county) Oliver
8-20-56					(State) Md
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	24a. REC'D BY REGISTRAR		24b. REGISTRAR'S SIGNATURE
P. E. Sewell Jr. Fred. Md			DATE 8-20-56		H. W. Ward

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar.

BUREAU Y. S.

AUG 21 1956

RECEIVED

11855-555-2500 (partial)
S. C. 2nd Regt. 5th Inf. Div.

INSTRUCTIONS

The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the register within 24 hours after death. After this certificate has been executed by the attending physician and completely filed in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 4-51 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08121

8145 CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	Calvert	MARYLAND LENGTH OF STAY (in this place)	STATE Maryland COUNTY Calvert CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Prince Frederick		STREET ADDRESS (If rural give location)
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) (Day) (Year) OF DEATH	
(First) (Middle) (Last)		9 16 1956	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Unknown
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Major Johnson		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
(If Yes, give war or dates of service)		17. INFORMANT & ADDRESS Alexander Phillips Lusby, Md.	
II DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
18. IMMEDIATE CAUSE (A)		19. MEDICAL CERTIFICATION Cerebral Hemorrhage	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)		Hypertension c. vcl	
III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug 16</u> , 1956, to <u>Aug 16</u> , 1956, that I last saw the deceased alive on <u>Aug 16</u> , 1956, and that death occurred at <u>8 p.m.</u> from the causes and on the date stated above. SIGNATURE <u>R. W. Willmore, M.D.</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL <u>8/19/56</u> <u>St. John's</u>
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE	LOCATION (City, town, or county) <u>Lusby, Md.</u> (State)
DATE 8-17-56		H. W. Ward	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. C. Sewell, Jr. Fred Md.</u> ADDRESS

BUREAU X. 8

AUG 22 1966

BUREAU X. 8

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08122

8146 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 52

TO DEPUTY MEDICAL EXAMINER: This certificate shall be executed in pencil, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 5 may be retained for your files. To forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Md</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Chesapeake</i>		c. LENGTH OF STAY IN 1b <i>1 day</i>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <i></i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Washington</i>	
d. STREET ADDRESS <i>7837 70th St NE</i>		e. IS RESIDENCE ON A FARM YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>William</i>		4. DATE OF DEATH PENNOYER Month 8 Day 25 Year 1956	
5. SEX <i>M</i>	6. COLOR OR FACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> b. DATE OF BIRTH WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> <i>Oct 3 1904</i>	9. AGE (in years last birthday) 51 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Painter</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Construction</i>	11. BIRTHPLACE (State or foreign country) <i>Md</i>
12. CITIZEN OF WHAT COUNTRY? <i></i>		13. FATHER'S NAME <i>William Pennoyer</i>	
14. MOTHER'S MAIDEN NAME <i>Adelaide Bitter</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or deceased) <i>No</i>	
16. SOCIAL SECURITY NO. <i>579-01-1297</i>		17. INFORMANT <i>Wm J Pennoyer</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Coronary Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause first. (b) DUE TO Had heart attack in Feb 1956 (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) Has been working regular			
20e. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH. <i>—</i>		20f. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Was working on boat	
20c. TIME OF INJURY Month, Day, Year Hour <i>3:30 P.M. 8/25 1956</i>		20d. INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/> <i>Boat</i>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>Boat</i>		20f. (City or town) <i>Chesapeake Calvert Md</i>	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
ACTUAL SIGNATURE <i>H. W. Ward</i>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) <i>H. W. Ward</i>		DATE SIGNED <i>8/25/56</i>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>Aug 29, 1956</i>	
22c. NAME OF CEMETERY OR CREMATORIAL <i>Cedar Hill</i>		22d. LOCATION (City, town, or county) <i>Sutherland Md.</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>J. William Reis</i>		24a. REC'D BY REGISTRAR ADDRESS <i>300 - 4th & 7th</i>	
24b. REGISTRAR'S SIGNATURE <i>Elliott B. Cox</i>		DATE <i>8/28/56</i>	

9951

is the mother

BRAD. W. H.
With enclosed \$11.25 will find
25 1/2 x - one double decker wallet.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8147

CERTIFICATE OF DEATH

18123

Reg. Dist. No. 51

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MARYLAND</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Princetown</i>		c. LENGTH OF STAY IN 1b <i>31 Days</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Calvert County Hospital</i>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Margaret</i>		First <i>B.</i>	Middle <i>Sedwick.</i>
4. DATE OF DEATH Month <i>8</i>		Day <i>1</i>	Year <i>1956</i>
5. SEX <i>W.</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb. 8, 1871</i>
9. AGE (In years lost birthday) <i>85 yrs.</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	
10b. KIND OF BUSINESS OR INDUSTRY <i></i>		11. BIRTHPLACE (State or foreign country) <i>Maryland.</i>	
12. CITIZEN OF WHAT COUNTRY? <i></i>		13. FATHER'S NAME <i>Dr. Wm. A. J. Sedwick</i>	
14. MOTHER'S M AIDEN NAME <i>Emma Somervell</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i></i>	
16. SOCIAL SECURITY NO. <i></i>		17. INFORMANT <i>Mrs. Helen Stewart (Mother), Solomons, Md.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Fractured hip</i>		INTERVAL BETWEEN ONSET AND DEATH <i></i>	
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO <i>Generalized arteriosclerosis</i>		DUE TO <i></i>	
DUE TO <i></i>		(c) DUE TO <i></i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner) <i></i>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Fell down steps of house</i>	
20c. TIME OF INJURY Month, Day, Year Hour a. m. <i>7/2</i> 19 <i>56</i> p. m. <i></i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>Home</i>		20f. (City or town) <i>Solomons, Md</i>	
(County) <i></i>		(State) <i></i>	
21. I certify that I attended the deceased from <i>7/2</i> , 19 <i>56</i> , to <i>8/1</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>8/1</i> , 19 <i>56</i> , and that death occurred at <i>10:40</i> M, from the causes and on the date stated above.			
ACTUAL SIGNATURE <i>R. de Villarreal</i>		ADDRESS (Street, city or town, state) <i>37 Leonard, 872</i>	
PHYSICIAN'S NAME (Type) <i>R. de VILLARREAL</i>		DATE SIGNED <i></i>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial Aug 3, 1956</i>		22b. DATE THEREOF <i></i>	
22c. NAME OF CEMETERY OR CREMATORIUM <i>Middleham Chapel, Lasby, Calvert Co., Md</i>		22d. LOCATION (City, town, or county) (State) <i></i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>O. O. Harkness & Son - Mutual, Md</i>		24a. REC'D BY REGISTRAR ADDRESS <i></i>	
24b. REGISTRAR'S SIGNATURE DATE <i>8-2-18</i>		N. W. Ward	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA GEN. REG. NO. 27

10

FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

AUG 3 1966

100-10000

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
8148 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

68124

Reg. Dist. No

DO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form FMA-3. Page 5 may be retained for your files.

DO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Maryland</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Lusby</i>		b. COUNTY <i>Baltimore</i>	
c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>1806 N. Fulton Ave</i>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <i>00</i>		d. STREET ADDRESS <i>Baltimore</i>	
e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <i>DAWN MARIE SORCE</i>		4. DATE OF DEATH <i>8 25 1958</i>	Month Day Year
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>4/18/56</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>—</i>	
11. BIRTHPLACE (State or foreign country) <i>Pa</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Thomas J. Sorce</i>		14. MOTHER'S MAIDEN NAME <i>Mary Hannah</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>—</i>		16. SOCIAL SECURITY NO. <i>—</i>	
17. INFORMANT <i>Mother</i>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>929.0</i> Conditions, if any, which gave rise to immediate cause (b) DUE TO stating the underlying cause last. <i>Was found before baby was</i>	
DUE TO <i>929.0</i> Was found before baby was		INTERVAL BETWEEN ONSET AND DEATH <i>—</i>	
DUE TO <i>929.0</i> Was found before baby was		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) <i>Found by children on slope</i>	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <i>—</i>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Was playing on slope alone</i>	
20c. TIME OF INJURY Month, Day, Year <i>8/25/58</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) <i>Home</i>	
20f. (City or town) <i>Lusby Calvert Co</i>		(County) <i>Calvert Co</i>	
(State) <i>MD</i>		(State) <i>MD</i>	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> <i>H. W. Ward</i>		22. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> <i>8/25/58</i> DATE SIGNED	
23. EXAMINER'S NAME (Type) <i>H. W. WARD</i>		24. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial Aug. 25, 1958</i>	
24. DATE THEREOF <i>Aug. 25, 1958</i>		25. NAME OF CEMETERY OR CREMATORIAL <i>Baltimore Md</i>	
26. FUNERAL DIRECTOR'S SIGNATURE <i>Q. A. Harkness Inc. Mutual</i>		27. ADDRESS <i>8. 26-56 N. Ward</i>	
28. REC'D BY REGISTRAR <i>8. 26-56 N. Ward</i>		29. REGISTRAR'S SIGNATURE <i>8. 26-56 N. Ward</i>	

BUREAU V. 5

SEP 4 1956

REGELY ED